ACHIEVING HEALTH SYSTEM ACCOUNTABILITY 2009

Getting There Together

Manitoba

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Introduction

In 1999, the Manitoba government issued the document *Achieving Accountability* to raise awareness about accountability and to provide information about *The Regional Health Authorities Act* that outlines how the regional health authorities (RHAs) are incorporated. The document defined duties and responsibilities of the RHAs and the Minister of Health at a high level. Since 1999, these relationships and responsibilities of these parties have evolved and matured, and accountability has risen in importance as health systems throughout the country are under ever-increasing pressure to demonstrate results of their activities and expenditures.

Manitoba's health system accounts for approximately 42 per cent of the provincial budget. As public expectations of health care services keep rising, costs continue to go up and the challenges for sustainability of our publicly funded system increases strained. The public needs to be assured that governments are meeting these challenges by reporting results and outcomes.

The purpose of this document is to further explain accountability relationships within Manitoba's health care system and to set out a concise framework that applies to all stakeholders.

Section 1

Accountability Defined

In a democratic government, all citizens have the right to know how their elected representatives are performing. Conversely, the government of a democratic society has an obligation to report its achievements to its citizens – to be accountable for its actions and how it uses public funds.

The Manitoba government is committed to results-oriented, open, accountable governance. Manitobans have the right to know what health services are being delivered and what results are being achieved. This is known as accountability. In healthcare, accountability is the obligation to answer for the responsibility that has been conferred.

"To be accountable implies a formal relationship and...it also implies a prior act of delegation direct from one party to another."[1] It is important that accountability frameworks focus on formal lines of authority outlining:

- areas of responsibilities
- clear expectations
- required reporting
- performance evaluation

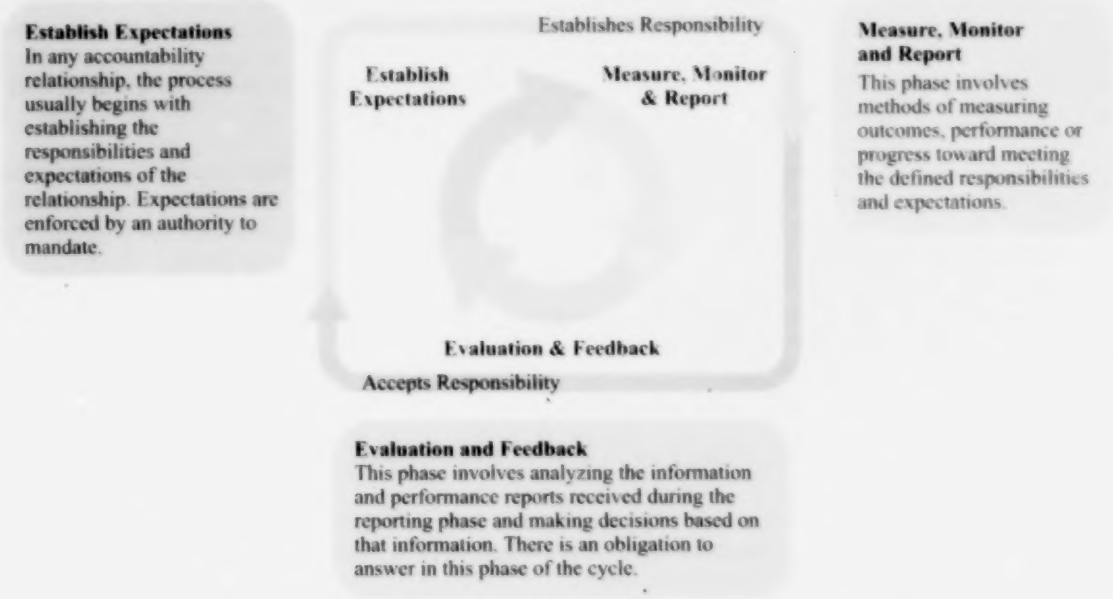
(1) Timothy W. Plumptre. Beyond the Bottom Line Management in Government. Institute for Research on Public Policy, Halifax, Nova Scotia. 1988.

Section II

What is the Accountability Process?

The following model illustrates key elements in an accountability relationship. Together these elements form a "wheel" that provides a continuous accountability loop.

Figure 1 ACCOUNTABILITY MODEL FOR THE HEALTH SYSTEM IN MANITOBA


Establish Expectations
In any accountability relationship, the process usually begins with establishing the responsibilities and expectations of the relationship. Expectations are enforced by an authority to mandate.
Establishes Responsibility
Establish Expectations
Measure, Monitor & Report
Measure, Monitor and Report
This phase involves methods of measuring outcomes, performance or progress toward meeting the defined responsibilities and expectations.
Evaluation & Feedback
Accepts Responsibility
Evaluation and Feedback
This phase involves analyzing the information and performance reports received during the reporting phase and making decisions based on that information. There is an obligation to answer in this phase of the cycle.

Establish Responsibility

A responsibility confers an obligation to act upon a need or take action. In Manitoba's health system, the accountability model begins by establishing an effective management relationship to create responsibilities.

Accept Responsibility

The need to accept the delegated responsibility for this act completes the cycle. Accepting responsibility ensures action is taken to fulfill the responsibility.

Within the cycle of establishing and accepting responsibility conducted at all levels of the health system, are several important elements that set the foundation of effective accountability relationships. To succeed, the following elements must be in place:

- roles and responsibilities are understood
- core management principles and stewardship are upheld in an ethical manner
- performance expectations are explicit
- resources are provided, including appropriate financial management practices
- review and feedback are carried out
- follow-up actions, including rewards and sanctions, can be used to improve future performance

Responsibility and accountability go hand in hand, but are not the same. Responsibility is an obligation to take action while accountability is an obligation to report. Once the responsibilities have been established and accepted, the three phases of the accountability cycle come into play.

How does Accountability Work?

Distinct activities occur within each phase of the accountability model. These are outlined in the following accountability framework diagram.

Figure 2 **ACCOUNTABILITY FRAMEWORK FOR THE HEALTH SYSTEM OF MANITOBA**

ESTABLISH EXPECTATIONS	MEASURE, MONITOR, AND REPORT	EVALUATION AND FEEDBACK
GOVERNANCE legislation and policies guide expectations and strategies for success	GOVERNANCE PROGRESS changes in health status, resources and broad systemic issues	**GOVERNANCE REVIEW** strategies confirmed or revised through legislative and/or policy changes
STRATEGIC DIRECTIONS policies, priorities and planning consistent with governance direction	STRATEGIC PROGRESS achievements made in promoting system efficiency and effectiveness, and addressing priorities	**STRATEGIC REVIEW** refine policies, priorities, and planning objectives based on progress to date
MANAGEMENT structure, process, and financial policies and priorities required to manage health system	MANAGEMENT PROGRESS determining influence of decisions on system performance and capacity, on-going assessment of programming and resource needs	**MANAGEMENT REVIEW** refine structures, processes for quality improvement, and a more efficient and effective system
OPERATIONAL process and outcome objectives, resource allocations, roles and responsibilities	OPERATIONAL PROGRESS tracking the results of inputs on direct client outcomes, service delivery efficiencies, and utilization	**OPERATIONAL REVIEW** identify areas of improvements, confirm continued relevance, client and provider satisfaction, service delivery planning

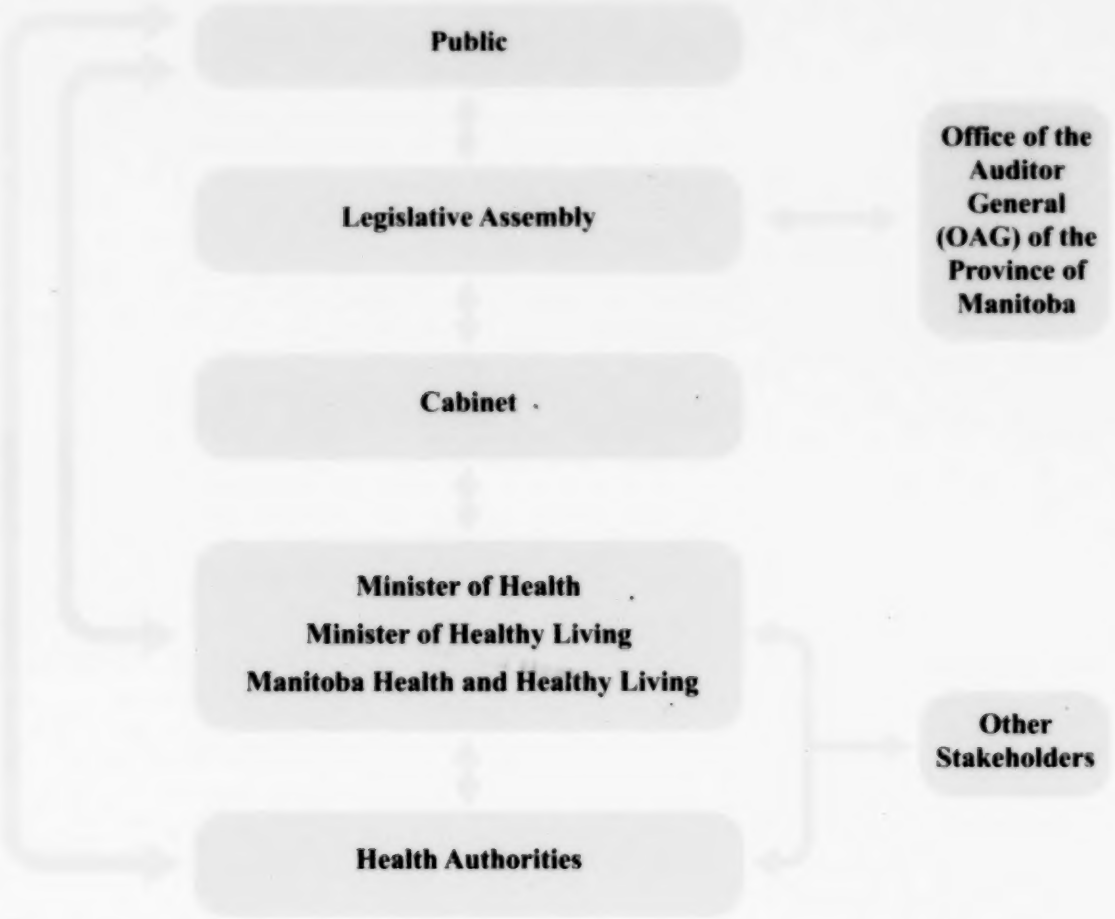
FEEDBACK INFLUENCES FUTURE PLANS AND RESOURCE ALLOCATION

Section IV

Accountability Relationships in our Health System

The purpose of this section is to outline the accountability relationships in Manitoba's health system. The following figure outlines the flow of accountability relationships.

Figure 3



Legislative Assembly

Legislation passed by the Legislative Assembly authorizes the delegation of responsibility and defines the limits of actions taken or services provided. All other procedures that delegate powers and responsibilities to health authorities (such as provincial policy and/or guidelines) operate within limits of this legislation. One way to ensure accountability and effective management in government departments such as Manitoba Health and Healthy Living is the function of the Office of the Auditor General of the Province of Manitoba who reports to the Legislative Assembly.

Cabinet

Cabinet confers final accountability and overall responsibility for the health care system to the ministers of health and healthy living. The ministers are accountable to Cabinet and to the people of Manitoba through the Legislative Assembly. The public has access to the Legislature and lawmaking via members of the Legislative Assembly (MLAs).

Ministers of Health and Healthy Living

Ministers of the health system delegate responsibility and authority to the health authorities in Manitoba. The ministers have the responsibility and authority to establish the expectations of the health authorities, and to ensure those expectations are effectively communicated to them. Ministers use different methods such as legislation, regulations, ministerial directions, policy and guidelines to identify the responsibilities and expectations of the health authorities. The ministers also provide the necessary information and support that the health authorities need to meet the minister(s') expectations.

Manitoba Health and Healthy Living

Manitoba Health and Healthy Living is a department within the provincial government. It operates under the provisions of statutes and responsibilities charged to the ministers. The formal mandates contained in legislation, combined with mandates from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

It is Manitoba Health and Healthy Living's mission to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time. This mission is accomplished through comprehensive roles including strategic direction, legislation, policy, guidelines, strategy and program development, funding and fiscal accountability, and direct delivery of specialized, provincial programs aimed at the provision of appropriate, effective and efficient health and health care services. Most services are delivered through health authorities and other health care organizations. The department also manages the insured benefits claims payments and related costs of medical, hospital, personal care, Pharmacare and other health services for Manitobans.

It is also the department's role to foster innovation in the health system. This is accomplished by developing ways to assess and monitor quality of care, utilization and cost effectiveness, fostering behaviors and environments which promote health, promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Health Authorities

Health authorities have the legislated responsibility and authority through *The Regional Health Authority Act* and *The CancerCare Manitoba Act* to plan, manage, deliver, monitor and evaluate health services under their mandates. They have input into the development of provincial policy and planning direction, and into standards development. They are responsible for implementing and establishing a sustainable, integrated system of health services. Health authorities have an obligation to be aware of, and carry out, all expectations and responsibilities that have been established, to seek clarification if they are unclear, and to recommend changes as deemed necessary.

The relationship between the ministers and health authorities is collaborative and it is necessary to review jointly the responsibilities and expectations on an ongoing basis to ensure they are increasingly focused on outcomes. The joint development process is carried out through forums such as the Manitoba RHAs' Council of Chairs and Council of CEOs, and the deputy's health senior executives, who provide advice and ongoing dialogue with the ministers regarding health authority issues.

The relationship between the health authorities and the public is also collaborative and is necessary to ensure planning and service delivery is responsive to community needs. Structures such as community and professional advisory groups and public annual general meetings provide opportunities for public input. Formal community health assessment activities seek specific information from individuals and groups about health issues and services.

Other Stakeholders

Other stakeholders in health include professional bodies, non-governmental organizations, foundations, charitable groups, providers, consumers, volunteers and individuals, all of whom are recognized for the essential contributions they make to the effective functioning of the health care system and the resulting health of Manitobans. This includes professional organizations and accredited organizations that have been legislated to oversee and conduct specific tasks related to health care.

The Public

Through elections, the public has influence over the governance of the health system. As the primary user it is a key player in evaluating achievements, monitoring services and ultimately setting expectations for government.

The public is involved in setting expectations and in providing feedback to health authorities through direct communication, participation in planning and implementing community initiatives, and by volunteering for board positions and committee membership.

Public expectations are derived from social needs and wants, based primarily on the general health of the population. A healthy population has less need for services, while a population at risk (defined by socioeconomics, geography, gender and race) would have a greater demand for services and as such, greater expectations from the health system.

Many factors affect the general health of Manitobans. These include family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. As individuals and groups, the public is a key force in determining healthy behaviors. There are many things the public can do to positively influence physical, mental, social, and spiritual health and well-being. Taking responsibility for healthy behavior and the appropriate use of health services helps reduce stress on the health system. The health system has embraced the concept of healthy living to assist in creating conditions and supporting behaviors that promote the best possible health for everyone. This includes a range of actions that focuses on prevention and a shared responsibility where everyone has a role to play.

Who is Responsible for Accountability of our Health System?

The following chart illustrates some of the responsibilities for members in the accountability relationship.

	Manitoba Health and Healthy Living	Health Authorities	Other Stakeholders	The Public
Establish Expectations *Policy guides actions and sets broad strategies*	• develop provincial strategies • facilitate co-ordination of strategies across the province • provide provincial health system leadership and governance • establish legislation, regulations and standards	• develop regional and/or service delivery strategies • participate in development of strategies across regions • provide regional and organizational health system leadership, governance and stewardship • establish regional standards and guidelines	• develop strategies specific to the role of organization • provide leadership, governance and stewardship in regards to organizational role	• indirectly influences service expectations • may participate in broad strategies • influences the system's leadership and governance
Measure, Monitor and Report *Assessment determines and prioritizes needs; identifies resources*	• assess provincial health status and health needs • determine provincial priorities • determine provincial funding needs • monitor regulations and standards • oversee compliance	• assess regional health status and health needs • determine regional priorities • carry out community health assessment • allocate regional funding • provide health surveillance and monitoring	• measure and monitor the effectiveness of priorities • ensure appropriate allocation of funding • may provide health surveillance and monitoring functions specific to organizational function	• measures and monitors health needs though feedback to government, health authorities • participates in determining regional priorities through communication to government or participation in the community health assessment process
Evaluation and Feedback *Ensures management and delivery of services through evaluation and ongoing feedback*	• ensure needed legislation • determine core services • ensure accountability for public spending • approve health plan • leads, participates in research initiatives and communications of findings • ensure accountability through collaborative partnerships with federal, provincial and territorial organizations and intersectoral partnerships	• manage organization and delivery of services • develop and submit health plan • monitor services and effectiveness of actions • initiate practice-based research and participate in provincial research • communicate with the public and ministers to ensure quality health care is being provided	• independently manage the performance of the organization and delivery of quality services • monitor services and effectiveness of actions • communicate with the public and government to ensure that the organization's function is beneficial to the health care system	• provides feedback and evaluation through media and public responses on the effectiveness of health services and the policy/operational actions that impact the health system • communicates with the ministers or health authorities to ensure that quality health care is being provided

Summary

While responsibility and accountability are related, they are not the same. Responsibility carries an obligation to take action while accountability carries an obligation to report the result of the actions taken. This accountability framework outlines mechanisms by which the ministers tasked with managing our health system delegate responsibility throughout the system, and manage the accountability for responses from those responsible for providing health services.

While Manitoba Health and Healthy Living and health authorities each have different responsibilities within the health system, they are both accountable to the ministers and the general public. As partners in the system, the department and the health authorities also answer to each other. Answerability carries an obligation to inform and consult.

This accountability framework is based on a set of principles, including clearly defined roles, responsibilities, performance expectations and expected results with regular reporting, and remedies for performance failures. Accountability reporting forms part of the annual business cycle and is key to the continuous improvement process underlying Manitoba's health system.

Sources of Information

Manitoba Health. *A Planning Framework to Promote, Preserve and Protect the Health of Manitobans*, 1996.

Timothy W. Plumptre. *Beyond the Bottom Line Management in Government*, Institute for Research on Public Policy, Halifax, Nova Scotia. 1988.

NWT Health and Social Services: Accountability Framework – 2003.

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